## UNDERGROUND STORAGE TANK INSPECTION REPORT U.S. Environmental Protection Agency

Region 10

DATE State County Reservation

Address	ENISH State		OPERA	Title Owner	CILITY ID #4	-760087
Special Directions Prior Arrangemen	nts (if any) 2 sentative(s) at Inspe	ction Edna (	Gilstrap	Store Mgr	5	6
Capacity	8,000	6,000	4,000		V	
Date Installed	1974 -		1976			
Status	ACTIVIE -					
Date Closed						
Product	UNL. GL	TOVING 100.	SOP. UNU.			
Material	STEEL -					
Corrosion Prot.			_		,	
Leak Detect.	73 d (C		*	T3 OK 3	spikis st	entire C
Spill Protect.	V		~			ette
Overfill Prot.	2/	3.	3/			
Piping Type	PRESSURE.					
P. Material	GAW				0	
P. Leak Detect.	AUD/LTZ			all festel.	2/20/ 3/2a/	75
COMMENTS / I	6 duty	#010 W	suran. \$1	m/2M S	5/19/95-5	196
EXPEDITED EN YES NO CITATION #	$\overline{\mathcal{I}}$	PER ISSUED?	MA	TERIALS GIVEN	OUT 199	18, IC
EPA POST-INSP	PECTION NOTES			2		
	SHEET USED? YE	SNO	Office Lo	cation 65	eathe P	0

## CONTINUATION SHEET

DATE	
DILLE	

## UNDERGROUND STORAGE TANK INSPECTION REPORT U.S. Environmental Protection Agency Region 10

FACILITY ID#

*	
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	and the second s
2	
49.	

INSPECTOR

### NOTIFICAT. N DATA FOR UNDERGROUND STC AGE TANKS

#### FACILITY DATA

FACILITY	ID	NUMBER:	4-260087

OWNER'S ID

291

DATE RECEIVED

07-02-91

NOTIFICATION TYPE

Amended

NUMBER OF TANKS

CHANGED TO :

SE. WINE COUNTRY RD.

OWNERSHIP OF TANK(S):

: R H SMITH DIST/CO, INC Mailing Address:

City: GRANDVIEW Phone: (509) 882-3377

315 E MAIN ST, PO BOX 6 State: WA

Zip Code:

E77-1. 111

FIR 97 (13)

County: YAKIMA

LOCATION OF TANK(S):

CONOCO : SMITTYS SELF SERVE

Street Address: 102 E TOPPENISH AVE City : TOPPENISH

State

WA

Zip Code: 98948

Latitude: NOT MARKED Longitude: NOT MARKED

OWNER TYPE

Private Myr. Edna Gilstrap 509/865-5909

INDIAN LANDS :

County:

Reservation/Trust Lands: YES

Owned by Tribe : NOT MAN Name of Tribe/Nation : YAKIMA NOT MARKED

YAKIMA

FACILITY TYPE(S):

Gas Station

gone outil 9/25! \_\_ Danies Crow; Jusp. 9/21 Am

Title: VP ENUIRONMENTAL

CONTACT PERSON IN CHARGE OF TANKS:
Name : RICK SMITH SUSAN SMITH

Address: 3506 FRUITVALE BLVD P.O.Bx 6 City: YAKIMA GRANDUIEW (

State: WA Phone : (509) 453-1432 882-93

ENGINEER Zip Code: 98902

98930

CERTIFICATION:

Name: ROD SMITH SUSAN SMITH Title: PRESIDENT ENUIRONMENTAL ENGINEER

Date: 06-25-91

FINANCIAL RESPONSIBILITY:

I have met the financial requirements: YES

Method(s): Insurance

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature: Susan K Smith

Date: 2-3-94

Tank Data

FACILITY ID*	4-260087	4-260087	4-260087	•			
TANK ID .	1 .		. 3	•	¥ .		
Talls 10	· ·			•			-
Status of Tank .			#E				- 34
Currently In Use	х .		. X				- 10
Temp. Out of Use			,				
Perm. Out of Use			•			•	
Amendment			*	¥:	*		
Panditametre							7.5
Date of Installation	01-01-74	01-01-74	01-01-76	•	,	•	1.0
Age	19 .		• 17				
Est. Total Capacity (Gals)	8,000		4,000	•			8
est. Total capacity (dais)	•	0,000			•	•	0.0
Material of Construction						•	
Asphalt or Bare Steel	х .	X	· X				
Cath. Protected Steel *		^					-
Epoxy Coated Steel				-			- 5
Composite .							
Fiberglass Reinf. Plas.*							
Lined Interior							
Double Walled *						•	- 5
Poly. Tank Jacket						- ( • )	0.0
Concrete *				*			
Excavation Liner							
Unknown •				7.			
Other, explanation *						7/65	
Tank been repaired?	*			*			
Tank been repaired:							
Piping Material .							
Bare Steel							
Galvanized Steel	· ·	X	- X		• .		
da i vali i zed Steel	x :	^	. ^				
Fiberglass ·							
Copper	<del> </del>						
Cathodically Protected *				4			
Double Walled							
Secondary Containment *							
UNKNOWN							
Other, explanation .				-			
	-						
-iping Type							
Suction: No vaive	<del></del>						
Suction: Valve .	· ·	V	· v	-			
Fressure	х :	X	· x				
Gravity red				<del> </del>	(*)	· ·	
Piping been repaired? .	<del></del>			- <del>.</del> -		<del>.</del>	
	<del></del>				#####		
Substance Stored in Tank .	X UNC.	u 18		SUPER	•		
dasui ille	X UNC.	X 🔻	. X	30100	· · · · ·		
Diesei		UNL	<u>.                                      </u>	· · ·	•	<del>.</del>	
Gasoho1							-
Kerosene			•	•	0.00		
Heating Oil *			•	•			- V
Used 0i1			•	•	•	*	
Other, explanation *			•	* E E T		•	

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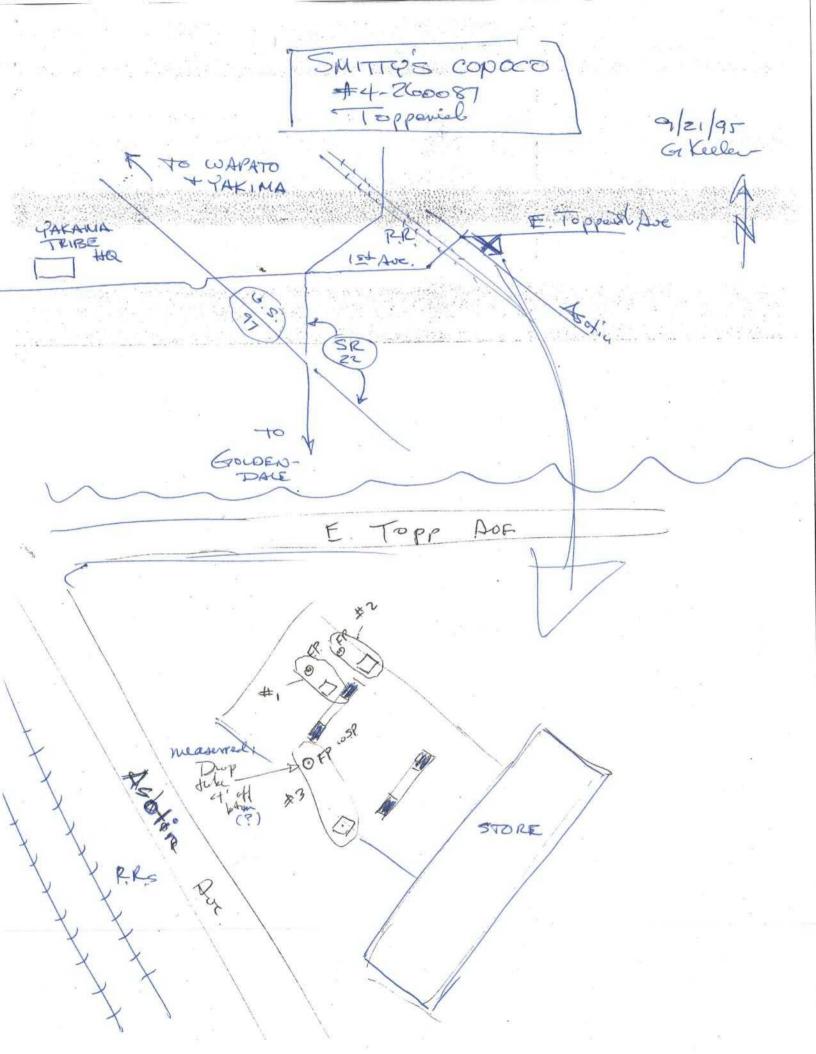
## Tank Data

FACILITY ID:	4-260087	4-260087	4-260087	•	
TANK ID .	1 .				
17444. 20					
ubstance Stored in Tank .				50	
Hazardous Substance			0.00	(*)	
CERCLA Name				J#/	•
CAS Number .					•
Mixture .			*	·	•
Mixture, Specification *		3.		(14)	
materia, specification					
anks Out of Use/Chg. Ser.					
Est. Date Last Used *			N. N.		•
Est. Date Tank Closed *			0.		
Removed from Ground *				•	
Closed in Ground .				1.41	
Filled with Inert Mat. *			<del></del>		
Inert Mat. Description *				N 18	
				0.45	
Change in Service					
THE ASSESSMENT COMPT.					
Leak Detected .			No.		
nstallation ·					
Certified by Manufac.				<del></del>	
Certified by Imple. Agn*					
Inspected by Engineer *					
Inspected by Imple. Agn	Х .	X		· ·	
Checklists Completed *					
Another Allowed Method *				10	000
Method Description *				12 Wests	
				YICA	an. +3:
elease Detection .	Tank Piping			Stick	)
Manual Tank Gauging *	х		^	chart	3
Tank Tightness Testing *	х .			diop	uses.
Inventory Controls *	х	^	^		
Automatic Tank Gauging *				-	*
Vapor Monitoring					•
Groundwater Monitoring *				•	•
Inter. Mon./Double Wall*			• •	•	. /
Inter. Mon./Sec. Cont. *				•	./
Auto. Line Leak Detect.*	. х	. х	. X .	an op tes	St (V)
Line Tightness Testing *	. х	. X .	. х .	" LTZ	· (V)
Line lightness lesting					
	. ^ .				
Other Method .					•
Other Method Other Description	•		• •		
Other Method Other Description Oill and Overfill				•	
Other Method Other Description Oill and Overfill Overfill Device Inst.	: :	\(\frac{1}{x}\)	(x).	•	
Other Method Other Description Oill and Overfill	: :	(x)	$\begin{pmatrix} x \\ x \end{pmatrix} > \vdots$	•	•
Other Method Other Description  Oill and Overfill Overfill Device Inst. Spill Device Installed	$\frac{1}{x}$	x x	(x)	•	•
Other Method Other Description  Dill and Overfill Overfill Device Inst. Spill Device Installed  stallation	$\begin{pmatrix} x \\ x \end{pmatrix}$	x x	x x	•	•
Other Method Other Description  Dill and Overfill Overfill Device Inst. Spill Device Installed  Istallation Name  Other Method  Other Method  Other Method  Overfill Device Installed  Overfill Device Installed  Other Method  Overfill Device Installed  Other Method  Other Description  Ot	X X	X X	(x) /	•	•
Other Method Other Description  Dill and Overfill Overfill Device Inst. Spill Device Installed  Stallation Name  Other Method  Name  Name	X X	X X	x	•	

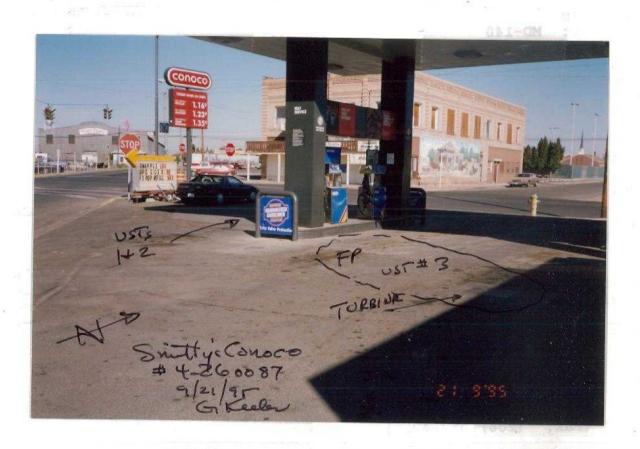
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+4-260087







# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 10

1200 Sixth Avenue Seattle, Washington 98101 JUL 2 2 1994

FFM - REGION 10

WATER DIVISION

Reply To

Attn Of: MD-140

JUL 2 0 1994

Timothy R. Webster Director, OEH & E Portland Area Indian Health Service Federal Building, Room 476 1220 Southwest Third Avenue Portland, OR 97204

Re: DW75957149-01-0

UST and LUST Program Implementation on Region 10 Indian Lands

Dear Mr. Webster:

The enclosed interagency agreement provides \$85,000 for IHS's assistance in the implementation of UST and LUST on Region 10 Indian Lands. Please review the IAG and any attachments. If these are satisfactory, have your authorized representative sign, date, and return one copy to:

Environmental Protection Agency Grants Administration Section, MD-140 1200 Sixth Avenue Seattle, Washington 98101 (Fax: (206) 553-4957)

The second copy is for your files. Your early attention will be appreciated. Funds cannot be drawn against the agreement until the signed copy has been returned.

If you wish to discuss the agreement, please call Denise Baker, Project Officer, at (206) 553-2115, or Elizabeth Pendleton, Grants Specialist, at (206) 553-2919.

Sincerely,

Oddvar K. Aurdal, Chief

Grants Administration Section

Enclosures

cc: Denise Baker, WD-133